



OFFICE OF REFUGEE AND IMMIGRANT ASSISTANCE (ORIA)  
DIVISION OF ASSISTANCE PROGRAMS (DAP)

**VOLUNTARY AGENCY (VOLAG)  
VERIFICATION OF REFUGEE FINANCIAL STATUS**

Please print legibly.

TO: _____ _____ _____  FROM: _____ _____ _____		Financial worker <b>MUST</b> complete:		
		<b>A. DETERMINATION</b>		
		TO BE COMPLETED BY FINANCIAL UNIT:		
		Assistance for this client was: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		
		FINANCIAL SERVICES SPECIALIST'S (FSS) SIGNATURE		
		DATE		
<b>B. CLIENT IDENTIFICATION</b>				
NAME		DATE OF BIRTH	ALIEN NUMBER	
1. Head of household:				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
<b>C. ELIGIBILITY</b>				
1. VOLAG is currently providing this individual/family with the following?				
TYPE OF AID	AMOUNT PAID	DATE PAID	PAID TO WHOM	COMMENTS
Housing/utilities				
Food				
Clothing				
Transportation				
Housing/personal maintenance				
Other (i.e., damage, utility deposits)				
2. Aid is continuing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date aid will be discontinued:				
3. Is the above client employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
CLIENT NAME		EMPLOYER NAME AND ADDRESS		DATE EMPLOYED
4. Has the above client has refused an offer of employment or voluntarily quit a job within the last 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				DATE
Explanation:				
VOLAG REPRESENTATIVE		DATE	TELEPHONE NUMBER	

## INSTRUCTIONS FOR COMPLETING THE VOLAG VERIFICATION OF FINANCIAL STATUS

This form is completed by Voluntary Agencies (Volags) that provide sponsorship to our refugee clients. This form will be used by the department as one method of verifying the information we receive from Volags regarding refugee client financial assistance.

Eligibility determination will not be delayed for receipt of this form. If an urgent need exists, the Volag may provide the information by phone and then send the completed form to the Community Services Office (CSO) for documentation.

The VOLAG representative will complete Sections B and C of the form, maintain the goldenrod control copy of the form for their own records and give the completed form to the client. The client will present the form to the Financial Service Specialist (FSS) who determines eligibility for public assistance benefits. The FSS will then:

Determine eligibility for the applicant and indicate whether or not they have been approved for assistance in Section A (DETERMINATION) box, located in the upper right corner of this form.

This form will be used by the Financial Unit to verify financial assistance the applicant receives/received from the Volag. It is also used to verify if they have employment, quit employment or refused a job. If the applicant comes to the CSO without the form, the FSS should call the Volag for the information needed to determine eligibility. The VOLAG will then send a completed form to the FSS to confirm the information provided via telephone. Distribute this form as though the applicant brought it with them to the original interview.

### COMPLETING THE FORM

- A. DETERMINATION: The FSS will mark an "X" in the box approved or denied, sign his/her name, and date the form.
- B. CLIENT INFORMATION: Contains name, birthdate, and alien number of the client and individuals in the household.
- C. ELIGIBILITY:
- Must include the amount of financial assistance the client/household is receiving from the Volag. If the client is receiving assistance for something other than what is listed, the Volag will fill in the "OTHER" blank and make a notation describing the expense.
  - 2. Continuing aid. If the assistance is continuing, the Volag must check the appropriate box and write in the date the aid will be discontinued. The Volag is encouraged to also write a narrative of the circumstances of the client.
  - 3. Employment. If the client is employed, the Volag must provide the name and address of the employer and the date the client received the job.
  - 4. Quitting or refusing employment. If the client has voluntarily quit employment or has refused an offer of employment that information must be stated on the form.

**The VOLAG representative that completes the form must sign, date and give a telephone number in case he/she needs to be contacted regarding the client.**

### DISTRIBUTING THE FORM

The FSS is responsible for distributing copies of this form. The FSS will:

1. Keep the white copy for the financial services file.
2. Forward the yellow copy to the Refugee Social Services Supervisor who will route the form to the appropriate Refugee Social Worker for their social services case file.
3. Send the pink copy to the VOLAG.